

Members:

Rep. Susan Crosby, Chairperson
Rep. Gloria Goeglein
Sen. Steven Johnson
Sen. Cleo Washington



Lay Members

Candace Backer
Robert Bonner
Dr. David Giles
John Huber
Galen Goode
Gloria Kardee
Jerri Lerch
Amelia Cook Lurvey
Janet Marich
Judge Stephen Spindler
Judith Tilton

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INDIANA COMMISSION ON MENTAL HEALTH

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MEETING MINUTES

Meeting Date: August 13 & 14, 1998
Meeting Time: 1:00 P.M.
Meeting Place: Southlake Center for Mental Health,
Conference Room, 8555 Taft Street
Meeting City: Merrillville, Indiana
Meeting Number: 5

Members Present: Rep. Susan Crosby, Chairman; Rep. Gloria Goeglein; Sen. Steven Johnson; Sen. Cleo Washington; Robert Bonner; Dr. David Giles; John Huber; Galen Goode; Gloria Kardee; Jerri Lerch; Janet Marich; Judge Stephen Spindler; Judith Tilton.

Members Absent: Candace Backer; Amelia Cook Lurvey.

Representative Crosby (Chairman) called the meeting to order at 1:05 p.m. The Chairman explained the history and purposes of the Indiana Commission on Mental Health to the audience. After the Commission members introduced themselves, Representative Bob Kuzman gave opening remarks and welcomed the participants to his legislative district. The Chairman began calling speakers to testify.

Lee Strawhun

Director, Southlake Center for Mental Health

Mr. Strawhun remarked that he was also speaking on behalf of Calcare, LLC. Mr. Strawhun presented a program on Indiana's history of mental health reform entitled "Back to the Future".¹ The following points were made during his presentation:

- In 1992 the director of the Office of Medicaid Policy and Planning predicted that the current Medicaid system would bankrupt Indiana.
- Changes to Indiana's mental health system were accomplished through the Mental Health and Substance Abuse Act (P.L. 40-1994) and the Hoosier Assurance Plan.
- Indiana is the only state to have all of its community mental health centers accredited.
- State and local agencies still need to work to integrate their mental health service funding.
- Colorado has a Medicaid managed mental health pilot program that is administered regionally that has accomplished the following:
 - Saved \$6.5 million in its first year.
 - Increased available services that were not covered under fee for service Medicaid.
 - Increased access to services.
 - Reduced inpatient hospitalization costs from 50% of spending to 17%.
- Iowa and Oregon have also implemented successful Medicaid mental health programs.
- Indiana needs a Medicaid behavioral health carve-out pilot program. Northwest Indiana would be an ideal area for the pilot because of its five community mental health centers and its urban-rural and ethnic diversity in the four county area.

Judge Mary Beth Bonaventura

Lake County Superior Court, Juvenile Division

Judge Bonaventura has served as judge of the Lake County Superior Court for five years and before that served as a magistrate. Judges get to tell people what to do - they are not worried about the cost but rather the result. Last year in Lake County there were 12,000 pending cases in the juvenile court. Many of those cases involved delinquencies, psychological evaluations, drug and alcohol tests, and children in need of services (CHINS) cases. The number of juvenile cases this year is about double the previous year. There is a growing drug epidemic that is causing more problems. She concluded by stating that judges do not want to hear that it will take six months before a person can begin counseling when the person needs services now.

¹ A document on this presentation is on file in the Legislative Information Center, Room 230, Statehouse, Indianapolis, Indiana. The telephone number of the Legislative Information Center is (317) 232-9856, and the mailing address is 200 W. Washington Street, Suite 301, Indianapolis, Indiana 46204-2789.

Bruce Hillman

Director, Lake County Department of Family and Children

In 1997 the Placement Diversion Program was started to help keep families intact. Under the program there has been a 50% reduction in the number of children that must be removed from their families. Substance abuse is a very big problem and incidents of violence are up. Mr. Hillman stated that the mental health community has the experience needed to help with the substance abuse issue. In Indiana's northwest region, transportation for people that need mental health and substance abuse services has been a major problem.

Tara Lynn Bass

Consumer, Edgewater Systems for Balanced Living

Ms. Bass stated that her mental illness caused her to hear voices telling her to do things (e.g. go outside naked). It was not until she went outside barely dressed that she was taken to a community mental health center. She felt lucky to receive help but wants more funding to help others. Many of the street people are also in need of mental health services, but no one is identifying these people and bringing them the help they need.

Greg Gavigan

Consumer, Porter-Starke Services

Mr. Gavigan has been receiving residential services from Porter-Starke Services for two and a half years. Porter-Starke has been very good at helping patients follow treatment plans and helping them live in the community. He stated that more money is needed to repair and update the Porter-Starke Services facility.

Chuck Bone

Board Member, Porter-Starke Services

Mr. Bone has been a board member for 20 years and his family has used the services offered by Porter-Starke Services. The philosophy behind Porter-Starke services is to help the chronically mentally ill who cannot help themselves. He stated that the administration of the continuum of care provided for the mentally ill needs to be refined and streamlined. Also, the local community needs a shelter for the chronically mentally ill, and new residential facilities need to be built. He concluded by supporting the idea of a Medicaid behavioral health carve-out pilot program for northwest Indiana.

Carl Klein

Vice President Community Support, Porter-Starke Services

Mr. Klein stated that the biggest needs from his vantage point are as follows:

- Lack of inpatient beds for mentally ill women and youth who are 18-25 years of age. These populations do not fit into traditional group homes.
- Transportation is a big problem. His agency needs more vans and coordination is needed to share resources between other agencies (e.g. developmental disabilities).

Fred McNulty

Deputy Director, Porter-Starke Special Education Interlocal

Mr. McNulty has been working with Bob Marra in the Department of Education to bring more special education needs students back to Indiana. It is difficult for a student to feel a connection with his community when they are in another state or even another county. The system is set up to provide help after the student has reached a critical stage (e.g. suicidal, substance abuse). These services are expensive and leave nothing for prevention. More money is needed to help prevent students from reaching a crisis stage. A problem in Porter County has been with different agencies competing with each other, or only treating part of the problem (e.g. treating a student but not her alcoholic parent). The Juvenile Summit Team has been created in Porter County to coordinate different agencies and their programs to identify problems and treat all the causes. The Juvenile Summit Team has discovered there are no simple fixes but coordination can work.

Katherine Hanft

Valparaiso Vocational Rehabilitation Counselor

Ms. Hanft said that she supports the integrated approach to providing mental health services that is used by the Swanson Center. The Swanson Center tailors its services to meet its clients needs. There is no good public transportation system in the northwest region. Community mental health centers do not have the resources to meet the transportation needs of their clients. Many mental health clients are willing to work but find themselves limited to employment opportunities that are within biking or walking distance.

Donna Parker

Past President, Porter County Mental Health Association

Ms. Parker has a 36 year old daughter who has received mental health services for

half her life. Her daughter has been hospitalized five times. Last year when she was released her daughter was given \$200 worth of medicine. The funding for emergency medication has been cut. When people, like her daughter, are waiting for Medicaid or some other medication funding to begin they may need money for a one-time supply of medicine. This year the money for emergency medicine ran out in July. Ms. Parker also addressed the need to change the supplemental security income (SSI) rules. Her daughter would like to get a job but if she does she will lose her SSI benefits. Ms. Parker noted other areas of need, including the following:

- More residential facilities are needed, including semi-independent living placements.
- Inpatient facilities need to make sure patients can function before releasing them into the community.
- Though Porter-Starke Services offers very good care, the facility needs to be expanded.

Kathy Bercham

Consumer, Swanson Center

Ms. Bercham stated that she had troubles with the Medicaid program. The first time she applied for Medicaid disability she was denied. A subsequent application was accepted. She also said she was grateful for the services and support she has received from the Swanson Center.

Nancy Harlow

Consumer, Swanson Center

Ms. Harlow testified that she has dealt with mental illness all her life. She has been fortunate to have the same case worker for many years. She is appreciative of the Swanson Center because of the way they encourage her to try new things she would not try on her own.

Bernard Carter

Lake County Prosecutor

Mr. Bernard stated that he has seen how the criminal justice system works - both as a prosecutor and a judge. Most people are in the criminal justice system because of money, drugs, or mental illness. A case in point: several years ago a man in Lake County had a history of voices in his head telling him to kill someone. The man sought help from various agencies. The agencies provided some help but not enough and the man killed someone. Though the man had sought help - he was convicted - society failed to help the man. Mr. Bernard noted that interest in helping the criminally mentally ill has declined. Many kids are seeking help with their addictions but they cannot get treatment because the facilities are full. Mr. Bernard remarked that some substance

abuse treatment programs do not offer any meaningful treatment. The treatment facilities frequently say a person has completed the treatment based on the time in the program instead of the patient's improvement. As a result, some prosecutors and judges are sending treatable individuals to jail because it is easier than delving into the issues of funding and quality of the treatment program.

Dr. Leonard Jozwiak

Director of Special Education, Hammond School District

Dr. Jozwiak stated that he is a native of South Bend, Indiana, but worked in four other states before coming back to Indiana. When he came to Indiana there were not many mental health services for children. The budget for mental health services for children in schools has risen from \$0 to \$1.8 million. About 85% of a student's time is spent away from the school so other influences have a major impact. The vast majority of the appropriated money is spent on intervention rather than prevention. Money spent on prevention saves money over the long term. However, there is not enough money to cover the crisis needs and have adequate prevention programs - more funds are needed.

R. Bhawani Prasad, M.D.

Psychiatrist, Munster, Indiana

Dr. Prasad stated his concerns with the following issues:

- Nursing homes do not want to accept patients with a mental illness, even stable mentally ill individuals who need nursing home services.
- Many patients do not show up for appointments. Without proper follow-up care many mentally ill patients will regress and need more intensive treatment.
- Many mentally ill patients are reluctant to return to work because they believe that by returning to a job they will lose their disability benefits. The patients are worried that if they fail in returning to work the disability benefits will not be there to help them unless they begin the application process all over again.

Julio Velazquez

Director, Swanson Center

Mr. Velazquez stated that he wanted to stress two points:

- The needs of chronically mentally ill youth (ages 18-25) are not being met. Facilities are needed that are targeted for this age group.
- Individuals who are mentally ill are being discharged from prisons without community supports being set up for them. More advanced communication is needed because of the time involved to arrange the support mechanisms to be in place when the individual returns to the community.

[The Chairman recessed the meeting until the next morning at 8:00 a.m. at the Radisson Hotel, Chicago Room, 800 E. 81st Street, Merrillville, Indiana. At 8:05 a.m. on August 14, 1998, the Chairman reconvened the Commission. All staff and members of the Commission, except for Candace Backer and Amelia Cook Lurvey, were present.]

At 8:05 a.m. the Chairman reconvened the meeting. No public testimony was taken. The Commission discussed various issues, including the following:

- Members discussed examining mental health pilot programs in other states. Concern was raised about looking at states whose programs have been in place just a couple of years, because many new programs are not as successful as originally touted.
- Members suggested collecting more data on mentally ill individuals in state institutions, prisons, and nursing homes and examining data on the juvenile population.
- Future speakers from the DAWN Project in Marion County and Bob Marra from the Department of Education were suggested.
- A question was raised as to whether the two year mental health disability insurance limit (31 IAC 3-1-12) was covered under the mental health parity legislation.
- The Commission suggested that meeting locations for next year include a juvenile prison and a community mental health center.
- The Commission discussed exploring the possibility of statewide certification of addiction services.
- Concerning mental health treatment of prisoners, the Commission made the following points:
 - The public generally does not favor better treatment for prisoners, so any approach to better treatment must show the benefit gained by the public.
 - Department of Correction facilities that treat the mentally ill should receive accreditation from the Joint Commission on Accreditation of Healthcare Organizations.
 - There is a need to monitor the development of the New Castle correctional facility to make sure it meets the requirements of special needs prisoners.
 - The drug formulary used for the mentally ill prisoners at the Westville Psychiatric Unit is restrictive.
- The Division of Mental Health should be discouraged from reverting appropriated funds.
- The Commission expressed interest in hearing testimony concerning the placement of mentally ill adults, including information on waiting lists to get into

state institutions.

There being no further Commission discussion, the Chairman adjourned the meeting.